REMARKS

By this Amendment, claims 1-2, 5, 9, 13, 15-18, 24, 30 and 33-35 are amended, and claims 37-44 are added. Claims 3-4, 6-8, 10-11, 14, 19-23, 25-29, 31-32 and 36 remain in the application. Thus, claims 1-11 and 13-44 are active in the application. Reexamination and reconsideration of the application are respectfully requested.

The Applicants thank the Examiner for kindly indicating that the substitute specification and abstract filed on December 16, 2005 has been entered in the present application and overcame the objection to the abstract.

However, the substitute specification contained a typographical error that is corrected herein. The above revision to the substitute specification does not add new matter.

In item 7 on page 3 of the Office Action, claims 1-11 and 13-36 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Surwit et al. (U.S. 6,024,699, hereinafter "Surwit") in view of Vogt et al. (U.S. 4,470,047, hereinafter "Vogt").

Without intending to acquiesce to this rejection, independent claims 1-2 have each been amended in order to more clearly illustrate the marked differences between the present invention and the applied references. Furthermore, the Applicants respectfully submit that this rejection is inapplicable to new claims 37-44. Accordingly, the Applicants respectfully submit that the present invention is patentable over the applied references for the following reasons.

The present invention provides a medical network checkup system that includes a patient terminal, a doctor terminal and a center server. The patient terminal is provided for measuring predetermined biodata of each patient including at least one of a blood pressure and a body temperature. The doctor terminal is provided for entering predetermined medical support data including at least one of advice data and schedule data to a patient, and the patient terminal is operable to receive and display the medical support data. In addition, medical staff are able to view the biodata of each patient through the doctor terminal.

The center server is provided for storing data received from the patient terminal and the doctor terminal. In the medical network checkup system of the present invention, the patient terminal and the doctor terminal are connected with each other via the center server over a communication network.

As described in lines 19-23 on page 30 of the substitute specification (corresponding to line 21 on page 43 to line 2 on page 44 of the original specification), the present invention

provides that the patient terminal has a unique identification number, such as an instrument serial number. The identification number of the patient terminal is stored in an instrument data memory of the patient terminal memory when the patient terminal is manufactured, for example.

As described in lines 2-19 on page 31 of the substitute specification (corresponding to line 5 on page 44 to line 9 on page 45 of the original specification), patient terminal data (e.g., patient name, identification code, etc.) for each patient is registered, in advance, to the center server in correspondence with the identification number of the patient terminal.

After the registration of the patient terminal data corresponding to the identification number of the patient terminal, the present invention provides that when the patient terminal is newly installed at the home of the patient, the patient terminal is operable to execute a procedure of connecting the patient terminal to the center server over the communication network to transmit the identification number to the center server. The center server returns the patient terminal data corresponding to the identification number of the patient terminal to the patient terminal, and the patient terminal receives and stores the patient terminal data from the center server (see lines 3-14 on page 32 of the substitute specification, corresponding to line 15 on page 45 to line 9 on page 46 of the original specification).

Accordingly, the present invention provides that when the patient terminal is manufactured and/or shipped to the patient, the patient terminal initially has only a unique identification number, such as an instrument serial number, stored in an instrument data memory therein. When the patient terminal is installed in the home of the patient and used, the patient terminal acquires, from the center server, based on the identification number of the patient terminal, patient terminal data (e.g., patient name, identification code, etc.) which is stored preliminarily in the center server, and stores the received patient terminal data.

This feature of the present invention enables each patient terminal to be a dedicated machine for each patient, as the patient terminal data is related to the patient terminal to be used by the patient.

Therefore, the medical checkup network system of the present invention allows the patient terminal data to be downloaded from the center server by the patient terminal upon the installation of the patient terminal in the home of the patient, which thereby eliminates pre-installation work of entering patient terminal into the patient terminal prior to the patient terminal being installed in the patient's home.

Claims 1 and 2 each recite the above-described features of the present invention. In particular, claims 1 and 2 each recite that the patient terminal includes an instrument data memory for storing an identification number to discriminate the patient terminal from other terminals. Claims 1 and 2 each recite the patient terminal as being operable to execute procedures of connecting the patient terminal to the center server over the communication network to transmit the identification number upon installation of the patient terminal at the home of the patient, receiving, over the communication network, patient terminal data corresponding to the identification number which is registered preliminarily in the center server, and storing the received patient terminal data. Furthermore, claims 1 and 2 each recite that the patient terminal data is data related to the patient terminal to be used by the patient.

These features of the inventions of claims 1 and 2 are not disclosed or suggested by either Surwit or Vogt.

Surwit discloses a system and method for monitoring, diagnosing and treating medical conditions of remotely located patients. In particular, Surwit discloses a portable patient monitor (PPM) 12 provided at a patient's home, a central data processing system (PAC server) 14, and case manager clients (CMCs) 16. Surwit discloses that data transmitted from a PPM 12 to the PAC server 14 is analyzed to identify emergency medical conditions requiring immediate medical attention.

However, Surwit clearly does not disclose or suggest that a PPM 12 connects to the PAC server 14 upon installation of the PPM 12 to transmit the identification number of the PPM 12 to the PAC server 14, receives patient terminal data corresponding to the identification number of the PPM 12 which is preliminarily registered in the PAC server 14, from the PAC server 14, and stores the received patient terminal data.

Vogt discloses a bidirectional, interactive fire detection system that includes a controller which is capable of adjusting a remotely located transducer. However, similar to Surwit, Vogt also does not disclose or suggest a patient terminal (transponder) that is operable to execute procedures of connecting the patient terminal to the center server over the communication network to transmit the identification number of the patient terminal upon installation of the patient terminal at the home of the patient, receiving, over the communication network, patient terminal data corresponding to the identification number which is registered preliminarily in the

center server, and storing the received patient terminal data, which is data related to the patient terminal to be used by the patient.

Therefore, Surwit and Vogt clearly do not disclose or suggest each and every limitation of claims 1 and 2.

Consequently, no obvious combination of Surwit and Vogt would result in the inventions of claims 1 and 2 since Surwit and Vogt, either individually or in combination, clearly fail to disclose or suggest each and every limitation of claims 1 and 2.

Therefore, the Applicants respectfully submit that claims 1 and 2, as well as claims 3-11 and 13-40 which depend therefrom, are clearly patentable over Surwit and Vogt.

As described in lines 1-8 on page 21 and lines 5-20 on page 22 of the substitute specification (corresponding to line 16 on page 29 to line 2 on page 30, and line 9 on page 31 to line 9 on page 32 of the original specification), the present invention also provides that when the patient terminal is energized (turned on), the patient terminal automatically connects to the center server and uploads/downloads data to/from the center server. This feature of the present invention provides a significant and important benefit for disabled or elderly patients who are not proficient at operating electronic equipment or who may not remember to regularly connect with the center server, because the measurement data and medical advice data are transmitted/received to/from the center server without the patient having to perform specific acts to transmit/receive such data.

Furthermore, the present invention provides that the patient terminal is automatically disconnected from the center server over the communication network after completion of the automatic uploading/downloading operation of the patient terminal. Accordingly, this feature of the present invention provides that the patient terminal is connected to the center server only for the required period of time to upload/download the data to/from the center server. As a result, the patient, as a user of the medical checkup system, is less susceptible to being attacked by a hacker or have sensitive medical data intercepted because of a prolonged or always-on connection to the center server.

New claims 41 and 42 recite the above-described features of the present invention.

In particular, new claim 41 recites that the patient terminal includes an initial connection setting section for automatically communicating with the center server when the patient terminal

is energized so as to upload measurement data which has not been transferred, and disconnecting the communication after the uploading is completed.

New claim 42 recites that the patient terminal includes an initial connection setting section for automatically communicating with the center server when the patient terminal is energized so as to download the medical support data which has not been acquired, and disconnecting the communication after the downloading is complete.

These features of new claims 41 and 42 are not disclosed or suggested by either Surwit or Vogt.

In particular, Surwit discloses that it is the responsibility of the patient to transmit/receive data to/from the PAC server on a regular basis (see Column 7, line 64 to Column 8, line 6). Similarly, Vogt does not disclose or suggest a patient terminal (transponder) which automatically communicates with a center server when the patient terminal is turned on, and disconnects when the transfer of data is completed.

Therefore, Surwit and Vogt clearly fail to disclose or suggest each and every limitation of new claims 41 and 42.

Consequently, no obvious combination of Surwit and Vogt would result in the inventions of new claims 41 and 42 since Surwit and Vogt, either individually or in combination, clearly fail to disclose or suggest each and every limitation of new claims 41 and 42.

Therefore, the Applicants respectfully submit that claims 41 and 42, as well as new claims 43-44 which depend therefrom, are clearly patentable over Surwit and Vogt.

Because of the clear distinctions discussed above, it is submitted that the teachings of Surwit and Vogt clearly do not meet each and every limitation of claims 1-2 and 41-42. Furthermore, it is submitted that the distinctions are such that a person having ordinary skill in the art at the time the invention was made would not have been motivated to modify Surwit and Vogt in such a manner as to result in, or otherwise render obvious, the present invention as recited in claims 1-2 and 41-42.

Therefore, claims 1-2 and 41-42, as well as claims 3-11, 13-40 and 43-44 which depend therefrom, are clearly allowable over the prior art as applied by the Examiner.

In view of the foregoing amendments and remarks, it is respectfully submitted that the present application is clearly in condition for allowance. An early notice thereof is respectfully solicited.

If, after reviewing this Amendment, the Examiner feels there are any issues remaining which must be resolved before the application can be passed to issue, the Examiner is respectfully requested to contact the undersigned by telephone in order to resolve such issues.

A fee and a Petition for a one-month Extension of Time are filed herewith pursuant to 37 CFR § 1.136(a).

Respectfully submitted,

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